

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	A FOOD TRAY WITH THUMB HOLES
Attorney Docket Number::	2508-1020
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	10
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: IGNAZIO  
Middle Name::  
Family Name:: CONGIU  
Name Suffix::  
City of Residence:: POMEZIA (ROMA)  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing VIA BUSTO ARSIZIO 2  
Address::  
City of Mailing Address:: POMEZIA (ROMA)  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: 00040

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: MAURIZIO  
Middle Name::  
Family Name:: LANUCARA  
Name Suffix::  
City of Residence:: ROMA  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing VIA CATALANI 4  
Address::  
City of Mailing Address:: ROMA

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: 00199

**Correspondence Information**

Correspondence Customer

00466

Number::

**Representative Information**

Representative Customer

00466

Number::

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IT2002/000441	7/4/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::